



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

**Auto Safety Hotline**

**Vehicle Owner's Questionnaire**

**NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>**

**FOR AGENCY USE ONLY 241**

Data Received  <b>04-JAN-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>854714</b>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) _____ <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>S10</b>	Vehicle Year <b>1997</b>	Current Odometer Reading
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Purchase Date  <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>03250000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures <b>2</b>	Date(s) of Failure(s) <b>15-JAN-1999</b> Mileage at Failure(s) <b>22000</b> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**EA 94 038/ABS BRAKING SYSTEM: VEHICLE EXPERIENCING PROBLEM WITH ABS SYSTEM. WHENEVER BRAKES ARE APPLIED ON ROUGH SURFACE OR BUMPS WHEELS LOCKUP. VEHICLE HAD BEEN INSPECTED BY DEALER ON TWO OCCASIONS, AND INFORMED CONSUMER THAT NOTHING COULD BE FOUND. \*AK**

CONTINUED ON BACK PLEASE

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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*Rec'd*  
 JAN 22 AM 1:40  
 04-JAN-2000  
 OFFICE OF DEFECTS INVESTIGATION

Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.  
**854714**

**OWNER INFORMATION (Type or Print)**

[Redacted Owner Information]

Work Number [Redacted]  
 Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an objection, NHTSA will use your name and address to the vehicle manufacturer.

Signature of Owner [Redacted] Date 1/10/00

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G-CG31444VK214544  
**PLEASE FILL IN** Vehicle Make CHEVROLET TRU Vehicle Model S10 Vehicle Year 1997 Current Odometer Reading \_\_\_\_\_

Purchase Date 1997 Dealer's Name Main Motors Engine Size (CID/CC/L) 2.0P Turbo   
 New  Used City Atlanta State GA Zip Code \_\_\_\_\_ No Cylinders 4 Diesel   
 Gas Fuel Injection

Transmission Type  Manual  Automatic Antilock Brakes  Yes  No Restraint System  3-Point Belt  Motorbelt  Driverside Airbag  2-Point Belt  Passengerside Airbag Cruise Control  Yes  No Drive Train  Front  Rear  4-Wheel Vehicle Type  Car  Sport Util  Van  Truck  Minivan  Motorcycle  Other Body Style  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 03250000 Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacement

No of Failures 2 Date(s) of Failure(s) 15-JAN-1999 Mileage at Failure(s) 22000 Vehicle Speed at Failure(s) \_\_\_\_\_ Failed Part(s) Available?  Yes  No NHTSA Previously Contacted?  Yes  No

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s) Crash(es), and injury(ies) on the back of this form)

Crash  Yes  No Fire  Yes  No Number of Persons Injured NA Number of Fatalities NA Estimated Property Damage NA Reported to Police  Yes  No

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**EA 94 038/ABS BRAKING SYSTEM: VEHICLE EXPERIENCING PROBLEM WITH ABS SYSTEM. WHENEVER BRAKES ARE APPLIED ON ROUGH SURFACE OR BUMPS WHEELS LOCKUP. VEHICLE HAD BEEN INSPECTED BY DEALER ON TWO OCCASIONS, AND INFORMED CONSUMER THAT NOTHING COULD BE FOUND. \*AK**  
*Also when backing up, makes a noise, sproing, sproing sproing  
 as plunking on a Banjo, like a spring letting go.*

CONTINUE ON BACK IF NECESSARY

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